## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/450651

## Total Fee Calculation

1 star i de Calculation								
	Fee Cade	Total # Claims	Number Extra	X	Fee	Fcc	*	Total
,	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101		22			76000	9.	160.00
Total Claims >20	205/103	-20	<u> 30</u> ,	(		18.00	,	54000
Independent Claims >1	202/02	8 .3.	· <u>2</u> ·	(	<u></u> .	78.00	3	<u> 390.0</u> 2
Mult. Dep Claim Present	204/104					<del>/</del>	2	
Surcharge	208/105	•				18000	<b>.</b>	13000
English Translation	139 .						,	12
TOTAL FEE CALCUL	ATION						l	1 <u>826</u> 00
Fees due upon filing t	the application:							
Total Filing Fees Due	:= \$	1,80	40.00					
Less Filing Fees Subn	nitted - \$	0						
BALANCE DUE	= 3_	1,820	00					

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)